



Amphenol  
Products

World Headquarters  
4300 Commerce Court  
Liste, IL 60532  
Telephone (312) 983-3500

JAN 27 2 34 PM '86  
DIVISION OF LAND  
POLLUTION CONTROL  
BOARD OF HEALTH

January 24, 1986

Division of Land Pollution Control  
Indiana State Board of Health  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, IN 46206

Gentlemen:

Attached you will find a completed Form E for the Bendix Corporation facility, located at 980 Hurricane Road in Franklin, Indiana. Please be advised that manufacturing operations ceased at this facility in December, 1983.

Any questions in reference to the attached should be addressed to my attention.

Sincerely,

AMPHENOL PRODUCTS

B. N. Fleischer  
Director, Environmental Affairs

Attch.  
BNF:dg

EPA Region 5 Records Ctr.



287288

*Kizer*  
Division of Land Pollution Control  
INDIANA STATE BOARD OF HEALTH  
1330 West Michigan Street  
P. O. Box 1864  
Indianapolis, Indiana 46206

IND044587848 G. 3D  
BENDIX CORPORATION  
DELAWARE AVE  
SIDNEY, NY

13838



# FORM E:

## Installation Identification Form

### ENVIRONMENTAL MANAGEMENT BOARD

INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5-2.

#### I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 1985

FORM G:  
GENERATOR BIENNIAL REPORT ☐

FORM F:  
FACILITY BIENNIAL REPORT ☐

DID NOT GENERATE/TSD HAZARDOUS ☒

SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE  
GENERATE LESS THAN 100 Kg PER MONTH ☐ GENERATE BETWEEN 100 & 1000 Kg PER MONTH ☐

II. INSTALLATION'S EPA I.D. NUMBER I N D O 4 4 5 8 7 8 4 8

III. NAME OF INSTALLATION B E N D I X C O R P F R A N K L I N F A C I L I T Y

IV. INSTALLATION MAILING ADDRESS

Street or P. O. Box 9 8 0 H U R R I C A N E R O A D

City or Town F R A N K L I N

State

I N

Zip Code

4 6 1 3 1

V. LOCATION OF INSTALLATION

Street or P. O. Box 9 8 0 H U R R I C A N E R O A D

City or Town F R A N K L I N

State

I N

Zip Code

4 6 1 3 1

County

J O H N S O N

VI. INSTALLATION CONTACT

Last Name First Name Phone (area code & no.)

F L E I S C H E R B U R T O N 3 1 2 / 9 8 3 - 3 5 9 2

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

B. N. Fleischer, Dir. - Environ. Affairs

(A.) PRINT OR TYPE NAME AND TITLE

(B.) SIGNATURE *B. N. Fleischer*

(C.) DATE SIGNED

1/24/86

Please print or type with ELITE type (12 characters per inch).

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